



Letter to the Editor

Organoid Intelligence for Timely Diagnosis of Oral Malignancies: Innovative Insights

 **Rahul Anand**,¹  **Gargi Sarode**,¹  **Namrata Sengupta**,¹  **Deepak Pandiar**,²  **Sachin Sarode**^{1,3}

¹Department of Oral Pathology and Microbiology, Dr DY Patil Dental College and Hospital, Dr DY Patil Vidyapeeth, Pune, India

²Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

³Dr DY Patil Unitech Society, Dr DY Patil Institute of Pharmaceutical Sciences and Research, Pimpri, Pune, India

Cite This Article: Anand R, Sarode G, Sengupta N, Pandiar D, Sarode S. Organoid Intelligence for Timely Diagnosis of Oral Malignancies: Innovative Insights. *EJMO* 2023;7(4):407-410.

Oral squamous cell carcinoma (OSCC) is a formidable global health challenge, accounting for a significant burden of malignancies in both developed and developing countries.^[1] Compounding the challenge are potentially malignant disorders (OPMDs), a heterogeneous group of oral lesions characterized by their ability to progress to malignancy under certain conditions. Leukoplakia, erythroplakia, and lichen planus are among the prominent members of this group, each marked by varying degrees of dysplasia and potential for malignant transformation.^[1,2] The clinical course of these disorders can be enigmatic, often devoid of overt symptoms or physical manifestations that unequivocally signify the underlying threat. This subtlety, combined with the inadequacies of current diagnostic methods, places a glaring emphasis on the dire need for effective early detection strategies.

Diagnostic delays, an unfortunate hallmark of OSCC and OPMDs, stem from the multifaceted interplay of clinical, histopathological, and technological factors. The clinical presentation of these disorders often fails to provide definitive indications of malignancy, with symptoms that can be erroneously attributed to benign conditions or dismissed altogether.^[3] Moreover, the histopathological evaluation of biopsy specimens, although integral to diagnosis, is inherently limited by the small sample sizes and subjective

interpretations, often leading to diagnostic discrepancies.

Current diagnostic methods for OSCC and OPMDs, while valuable, are riddled with limitations. Traditional clinical examination can be confounded by the mimicry of benign conditions and the subtle nature of early disease stages. Radiographic imaging, though pivotal, can be non-specific and fails to capture the intricate cellular transformations underlying malignancy. The need for an innovative approach that surmounts these limitations and circumvents diagnostic delays is evident.^[4]

Enter the concept of organoid intelligence - a paradigm that marries the tenets of organoid technology, advanced imaging, omics methodologies, and machine learning to revolutionize diagnostics. Organoids, three-dimensional cultures of cells derived from primary tissues, offer an unprecedented window into tissue architecture, cellular interactions, and dynamic responses.^[5] In the realm of oral biology, these miniature organ replicas bear the potential to emulate the complex environment of the oral cavity and OPMDs, facilitating the study of disease progression with unparalleled fidelity.

The concept of organoid intelligence embodies the fusion of cutting-edge technologies. It harnesses the power of high-resolution imaging to visualize organoid dynamics

Address for correspondence: Rahul Anand, MD. Department of Oral Pathology and Microbiology, Dr DY Patil Dental College and Hospital, Dr DY Patil Vidyapeeth, Pune, India

Phone: +91-9665058393 **E-mail:** rahul.anand303@gmail.com; rahul.anand@dpu.edu.in

Submitted Date: November 08, 2023 **Accepted Date:** November 28, 2023 **Available Online Date:** December 29, 2023

©Copyright 2023 by Eurasian Journal of Medicine and Oncology - Available online at www.ejmo.org

OPEN ACCESS This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.



in real-time, capturing subtle alterations that herald malignant transformation. Omics technologies, encompassing genomics, transcriptomics, proteomics, and beyond, unravel the molecular tapestry of organoids, identifying biomarkers and aberrations that serve as early harbingers of malignancy.^[6] The marriage of these data with machine learning algorithms begets predictive models that offer a glimpse into the future, forecasting the trajectory of disease and aiding personalized treatment strategies.

Diagnostic Delays in OSCC and OPMDs

The diagnostic landscape of OSCC and OPMDs is marred by the intricate interplay of factors that conspire to yield diagnostic delays and subsequent challenges in patient management. The subtle and often nonspecific clinical presentation of these conditions compounds the problem. Oral lesions resulting from OSCC and OPMDs can resemble benign lesions or common oral conditions, leading to misdiagnosis or delay in seeking medical attention. Moreover, the oral cavity's complex anatomy allows early lesions to evade detection, lurking in anatomical niches that are not easily accessible or amenable to clinical examination.

Histopathological analysis, while the gold standard for diagnosis, carries its own set of limitations. Biopsy specimens collected from oral lesions may exhibit heterogeneity due to the patchy distribution of dysplastic changes, resulting in sampling errors. The subjective nature of histopathological interpretation, influenced by factors such as interobserver variability and varying grading systems, can lead to diagnostic discrepancies and hinder consistency in patient management decisions.^[3]

Furthermore, radiographic imaging methods like computed tomography (CT) and magnetic resonance imaging (MRI) provide valuable insights into the extent of disease and invasion, yet they fall short in capturing the molecular intricacies that dictate malignant transformation. These imaging techniques might identify advanced stages of disease but lack the resolution to pinpoint the early molecular changes that herald malignancy. This inability to diagnose OSCC and OPMDs at their incipient stages contributes to late diagnoses, which are associated with poorer prognosis and reduced treatment efficacy.

Organoid Intelligence: A Paradigm Shift in Diagnostics

Organoids are three-dimensional *in vitro* cell cultures derived from primary tissues, mirroring the cellular composition, architecture, and functionality of their original tissues.^[7] This fidelity makes organoids a valuable experimental platform for studying disease dynamics, including OSCC and OPMDs.

In the context of OSCC and OPMDs, organoids offer an unparalleled opportunity to delve into the molecular intricacies of disease progression. By culturing cells obtained from OPMD lesions or normal oral mucosa, researchers can create miniature replicas of the oral microenvironment. These organoids capture the complexity of cellular interactions, providing an environment that simulates the milieu in which malignant transformation occurs. Through the establishment of organoids derived from different disease stages and clinical presentations, researchers can decipher the temporal progression of molecular alterations, shedding light on the sequence of events that ultimately culminate in malignancy.

The advent of organoid intelligence leverages a multifaceted approach to unravel the mysteries of OSCC and OPMDs. Advanced imaging techniques, such as confocal microscopy and live-cell imaging, enable real-time visualization of organoid behaviour, permitting the observation of cellular changes as they unfold. Omics methodologies, including genomics, transcriptomics, and proteomics, unravel the genetic and molecular signatures associated with disease progression. Organoid intelligence also incorporates machine learning algorithms, which sift through vast omics datasets to identify patterns, correlations, and predictive markers that may elude conventional analyses.^[8]

By integrating data from various sources, organoid intelligence allows researchers to construct a comprehensive picture of OSCC and OPMD progression. This holistic view, encompassing molecular alterations, cellular dynamics, and spatiotemporal relationships, has the potential to reshape the diagnostic paradigm.

Potential Applications and leveraging of Organoid Intelligence

The fusion of organoid technology and advanced data analytics under the umbrella of organoid intelligence holds immense promise in transforming our approach to the early diagnosis of OSCC and OPMDs.

Identification of Early Molecular Signatures: Organoid intelligence enables researchers to dissect the intricate molecular landscape of OSCC and OPMDs. By performing single-cell sequencing on organoids derived from different disease stages, researchers can discern the early genetic and epigenetic alterations that mark the initiation of malignant transformation.^[9] This fine-grained analysis offers the potential to identify novel biomarkers that serve as early diagnostic indicators.

Development of Predictive Models: Integrating high-dimensional omics data from organoids with machine

learning algorithms yields predictive models capable of forecasting disease outcome.^[10] These models leverage the complexity and richness of organoid intelligence data to decipher patterns that might elude conventional analyses. By training on well-characterized datasets and validated clinical outcomes, these models can predict disease progression trajectories and inform clinical decisions.

Personalized Treatment Approaches: Organoid intelligence not only enhances early diagnosis but also opens avenues for personalized treatment strategies. The intricate molecular insights garnered from organoid cultures can guide the selection of targeted therapies tailored to the specific molecular aberrations exhibited by individual patients. This precision medicine approach circumvents the trial-and-error nature of conventional treatments, optimizing therapeutic outcomes.

Elucidating Mechanisms of Transformation: The dynamic nature of organoids facilitates the real-time observation of cellular transformations during disease progression. By capturing these changes at a cellular and molecular level, organoid intelligence contributes to our understanding of the mechanisms underlying malignant transformation.^[7] This knowledge informs the development of novel therapeutic interventions aimed at halting or reversing the progression of disease.

Longitudinal Imaging: Employing non-invasive imaging modalities, such as live-cell microscopy and optical coherence tomography, enables the continuous monitoring of organoid dynamics.^[11] Longitudinal imaging offers a real-time window into disease progression, capturing cellular changes and responses to treatments over time. This approach provides invaluable insights into the temporal aspects of disease evolution.

Multi-Omics Integration: Integrating genomics, transcriptomics, proteomics, and other omics data from organoids expands our understanding of disease complexity. By analysing these multi-dimensional datasets collectively, researchers can identify convergent molecular pathways, unveil hidden relationships, and pinpoint early diagnostic biomarkers that might not emerge from individual omics analyses.

Machine Learning Algorithms: The application of machine learning algorithms, such as deep learning and random forest, to organoid intelligence data unlocks hidden patterns and relationships within complex datasets. These algorithms excel at detecting non-linear associations and predicting outcomes based on diverse variables.^[8, 12] Integrating machine learning with organoid intelligence data enhances the accuracy of diagnostic models and aids in identifying novel markers.

Data Validation and Clinical Translation: Validating the findings derived from organoid intelligence is pivotal for their clinical translation. Collaborations between researchers, clinicians, and pathologists ensure that the identified biomarkers and predictive models are rigorously validated using clinical samples. Prospective clinical studies assessing the real-world applicability of these findings in diverse patient populations are crucial steps toward incorporating organoid intelligence into routine diagnostic protocols.

In conclusion, the diagnostic challenges posed by OSCC and OPMDs necessitate innovative approaches to enable early detection. Organoid intelligence emerges as a promising avenue to overcome these challenges by providing unprecedented insights into the molecular underpinnings of disease progression. Leveraging advanced imaging, omics technologies, and machine learning algorithms, organoid intelligence holds the potential to revolutionize early diagnosis strategies, ultimately improving patient outcomes and reducing the burden of OSCC and OPMDs.

Disclosures

Peer-review: Externally peer-reviewed.

Conflict of Interest: None declared.

Authorship Contributions: Concept – R.A., S.S.; Design – S.S., G.S.; Supervision – S.S.; Materials – R.A., N.S.; Data collection &/or processing – N.S., D.P.; Analysis and/or interpretation – R.A., D.P.; Literature search – N.S., G.S.; Writing – R.A., S.S.; Critical review – G.S., D.P.

References

1. Warnakulasuriya S. Global epidemiology of oral and oropharyngeal cancer. *Oral Oncol* 2009;45:309–16.
2. Van der Waal I. Potentially malignant disorders of the oral and oropharyngeal mucosa; terminology, classification and present concepts of management. *Oral Oncol* 2009;45:317–23.
3. Speight PM, Khurram SA, Kujan O. Oral potentially malignant disorders: Risk of progression to malignancy. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2018;125:612–27.
4. Markopoulos AK. Current aspects on oral squamous cell carcinoma. *Open Dent J* 2012;6:126–30.
5. Drost J, van Jaarsveld RH, Ponsioen B, Zimmerlin C, van Boxtel R, Buijs A, et al. Sequential cancer mutations in cultured human intestinal stem cells. *Nature* 2015;521:43–7.
6. Sachs N, Papaspyropoulos A, Zomer-van Ommen DD, Heo I, Böttinger L, Klay D, et al. Long-term expanding human airway organoids for disease modeling. *EMBO J* 2019;38:e100300.
7. Dutta D, Heo I, Clevers H. Disease modeling in stem cell-derived 3D organoid systems. *Trends Mol Med* 2017;23:393–410.
8. Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM, et al. Dermatologist-level classification of skin cancer with deep neural networks. *Nature* 2017;542:115–8.

9. Puram SV, Tirosh I, Parikh AS, Patel AP, Yizhak K, Gillespie S, et al. Single-cell transcriptomic analysis of primary and metastatic tumor ecosystems in head and neck cancer. *Cell* 2017;171:1611–24.
10. Gillet LC, Navarro P, Tate S, Röst H, Selevsek N, Reiter L, et al. Targeted data extraction of the MS/MS spectra generated by data-independent acquisition: A new concept for consistent and accurate proteome analysis. *Mol Cell Proteomics* 2012;11:O111.016717.
11. Fumagalli A, Bruens L, Scheele CLGJ, van Rheenen J. Capturing stem cell behavior using intravital and live cell microscopy. *Cold Spring Harb Perspect Biol* 2020;12:a035949.
12. Ching T, Himmelstein DS, Beaulieu-Jones BK, Kalinin AA, Do BT, Way GP, et al. Opportunities and obstacles for deep learning in biology and medicine. *J R Soc Interface* 2018;15:20170387.